

10/550216

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	4					
2		11				
3		1				
4		1				
5		1				
6		5				
7		5				
8		4				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
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50						
TOTAL IND.	2					
TOTAL DEP.		31				
TOTAL CLAIMS		33				

PTO-1348 (REV. 11/84)

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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